JUVENILE'S INFORMATION

JUVENILE'S FULL LEGAL NAME (First name, M	iddle initial, Last na	ame)
PHYSICAL STREET & MAILING ADDRESS	CI	TY, STATE, ZIP CODE
CELL PHONE#	HOME PHONE #	WORK PHONE #
EMAIL ADDRESS	SOCIAL SECURITY #	DATE OF BIRTH CURRENT AGE
STATE/COUNTY OF BIRTH		WHERE ELSE HAS JUVENILE LIVED?
DRIVER'S LICENSE # OR DRIVER'S PERMIT #		
RESIDES WITH	HEALTH INSURANCE	COMPANY AND ENROLLE ID#
TRIBAL MEMBER?	TRIBAL NAME	TRIBAL MEMBER #
SEX EYE COLOR	HAIR COLOR	HEIGHT WEIGHT RACE
PREVIOUS OR OTHER COURT INVOLVEMENT	OFFENSE	WHEN/WHERE

BIOLOGICAL FATHER / ADOPTIVE FATHER

FATHER'S FULL LEGAL NAM	E(First name, Midd]	le initial,	Last name)			
PHYSICAL STREET & MAILIN	G ADDRESS		CITY, S	TATE, ZIP CODE		
CELL PHONE#		HOME PHON	IE #	WORK F	PHONE #	
EMAIL ADDRESS		SOCIAL SE	CURITY #	DATE C	F BIRTH	
CONTACT WITH JUVENILE	ם.	AILY	WEEKLY	MONTHLY	OTHER	
EMPLOYER NAME`	EMPLOY	YER PHONE#		EMPLOYMENT OCCU	PATION	
EMPLOYER ADDRESS			EMPLOYER EMA	AIL ADDRESS		
WORK DAYS/HOURS			EDUCATIONAL	LEVEL	MILITARY BRAN	СН
DRIVER'S LICENSE	TRIBAL MEME	BER	TRIBAL NAME	3	TRIBAL MEMBER	#
HEALTH CONCERNS						
SEX	EYE COLOR F	HAIR COLOR	HEIGHT	WEIGH	IT	RACE
COURT INVOLVEMENT						

BIOLOGICAL MOTHER / ADOPTIVE MOTHER

MOTHER'S FULL LEGAL NAME (First n	ame, Middle initia.	l, Last name)		
PHYSICAL & MAILING ADDRESS		CITY, STA	ATE, ZIP CODE	
CELL PHONE#	HOME P	HONE #	WORK PHONE	#
EMAIL ADDRESS	SOCIAL	SECURITY #	DATE OF BIR	гн
CONTACT WITH JUVENILE	DAILY	WEEKLY	MONTHLY OTHE	iR
EMPLOYER NAME	EMPLOYER PI	HONE #	EMPLOYM	ENT OCCUPATION
WORK DAYS/HOURS		EDUCATIONAL 1	LEVEL	MILITARY BRANCH
EMPLOYER ADDRESS		EMPLOYEE EMAI	IL ADDRESS	
DRIVER'S LICENSE # I	RIBAL MEMBER	TRIBAL NAME		TRIBAL MEMBER #
HEALTH CONCERNS				
SEX EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT RACE	
COURT INVOLVEMENT				
COOKE INVOLVENIE	JUVENILE'S	S PARENTS' HISTORY		
STATUS OF RELATIONSHIP MA	ARRIED DATING	OTHER		
DATE OF MARRIAGE	COUNTY /	STATE		-
DATE OF DIVORCE FILE	NO.	FRIEND OF THE	COURT WORKER	COUNTY/STATE
MOTHER: DATE OF REMARRIAGE		DATE OF 2 ND DI	VORCE	
FATHER: DATE OF REMARRIAGE:		DATE OF 2 ND DI	VORCE	
	STEP F	TATHER OR OTHER		
STEP-FATHER OR OTHER FULL LEGAL NA	ME(First name, Mide	dle initial, Last r	name)	
PHYSICAL STREET & MAILING ADDRESS			CITY, STATE	, ZIP CODE
CELL PHONE #	H	OME PHONE #	WORK PHONE	#
EMAIL ADDRESS	SO	CIAL SECURITY #	DATE OF BIR	гн
CONTACT WITH JUVENILE DAILS	Y WEEKLY	MONTHLY	OTHER	

EMPLOYER NAME	EMPLOYE	R PHONE #	EMPLOYMENT OCCUPATION			
	<u> </u>				.0011111011	
WORK DAYS / HOURS			EDUCATIONAL	LEVEL	MILITARY	BRANCH
EMPLOYER ADDRESS			EMPLOYER EMAIL	ADDRESS		
DRIVER'S LICENSE	TRIBAL MEMBE	IR.	TRIBAL NAM	E	TRIBAL MEM	BER #
HEALTH CONCERNS						
IIIIIIIII CONOLLIA						
	WATE 0016	. =				
SEX EYE COLOF	R HAIR COLO)R	HEIGHT	WEIGHT	RA	CE
COURT INVOLVEMENT						
		STEP MOTE	HER OR OTHER			
		DIEF PROTE	IER OR OTHER			
STEP MOTHER OR OTHE	ER FULL LEGAL NAME (First	name, Middl	e initial, Last	name)		
PHYSICAL STREET & N	MAILING ADDRESS			CITY,	STATE, ZIP CO	DDE
CELL PHONE #		HOI	ME PHONE #	WORK P	HONE #	
			· 	-		
THE STANDERS		SOCT	CECUDIMY #	DAME O		
EMAIL ADDRESS		POCT	AL SECURITY #	DATE O	F BIRTH	
CONTACT WITH JUVENI	LE: DAILY	WEEKLY	MONTHLY	OTHER		
EMPLOYER			EMPLOYMENT OCCU	UPATION		
WORK DAYS/HOURS			EDUCATIONAL I	EVEL	MILITAR	Y BRANCH
EMPLOYEE ADDRESS			EMPLOYEE EMAI	TANNDECC		
EMPLOISE ADDRESS			EMPLOIDE EMAI	L WUNKESS		
DRIVER'S LICENSE	TRIE	BAL MEMBER	TRIBAL N	AME TRI	BAL MEMBER #	
HEALTH CONCERNS						
SEX	EYE COLOR HAI	R COLOR	HEIGHT	WEIGHT	RA	CE
COURT INVOLVEMENT						
T		SIBLING OF	THE JUVENILE			
ADOPTIVE S	STEP HALF	ОТН	ER	BIOLOGICAL PAREN	r (S)	
FULL LEGAL NAME					MALE	FEMALE
FUILI IEGAL MANIE					PIRLIE	r Brienin
DATE OF BIRTH AG	E LIVING WITH JUVEN	NILE	CITY STATE	OF RESIDENCE		
EDUCATIONAL LEVEL	SCHOOL				GRADE LEVE	L
EMPLOYMENT OCCUPATI	ON		MILITARY B	BRANCH	MARRIED?	DIVORCED?

CHILDREN? # & AGES							
COURT THEOLOGY							
COURT INVOLVEMENT							
		SIBL	ING OF THE S	UVENILE			
						(0)	
ADOPTIVE STEP	HALF		OTHER	BIOL	OGICAL PARENT	(S)	
FULL LEGAL NAME						MALE	FEMALE
DATE OF BIRTH AGE	LIVING WITH	JUVENILE		CITY STATE OF F	RESIDENCE		
EDUCATIONAL LEVEL	SCHOOL					GRADE LEVE	L
EMDI OVMENIII OCCUDATION				MILITARY PRANCE	T	MADDIEDO	DIMORCEDO
EMPLOYMENT OCCUPATION				MILITARY BRANCE	1	MARRIED?	DIVORCED?
CHILDREN? # & AGES							
COURT INVOLVEMENT							
		SIBL	ING OF THE S	UVENILE			
ADOPTIVE STEP	HALF		OTHER	BIO	OLOGICAL PARE	NT(S)	
FULL LEGAL NAME						MALE	FEMALE
DATE OF BIRTH AGE	LIVING WITH	JUVENILE		CITY STATE OF	RESIDENCE		
EDUCATIONAL LEVEL	SCHOOL					GRADE LEVE	т.
	33332					J	
EMPLOYMENT OCCUPATION				MILITARY BRANC	СН	MARRIED?	DIVORCED?
CHILDREN? # & AGES							
COURT INVOLVEMENT							
			CHILD SUPPO	RT			
CHILD SUPPORT RECEIVED	YES NO	AMOUNT	WHO PAYS (HILD SUPPORT	FOR WHICH	CHILDREN	ARREARAGES
CHILD SUPPORT PAID	YES NO	AMOUNT	MINO MANA	THE PAYMENTS	FOR WHICH	CHILDREN	ARREARAGES
CTITID SOLEOKI EWID	INO INO	THOUNT	MITO LIVIE	TITE EVIUENTS	TOY MUTCH	CHITHEREIN	TITLEMENTOES

CHILD	SUPPORT	RECEIVED	YES	NO	AMOUNT	WHO	PAYS	CHILD	SUPPORT	FOR	WHICH	CHILDREN	ARREARAGES
CHILD	SUPPORT	PAID	YES	NO	AMOUNT	WHO	MAKE	THE	PAYMENTS	FOR	WHICH	CHILDREN	ARREARAGES

FINANCIAL BENEFITS

PLEASE	INDICATE MONTHLY AMOUNTS RECEIVED AND WHO PAYS THE BENEFITS: (Examples: Social Security, Veteran's
	Benefits, Unemployment Comp., Workman's Comp., Medicaid, Food Stamps, Cash Assistance)
AGENCY	MONTHLY AMOUNT
AGENCY	MONTHLY AMOUNT

OTHER PEOPLE LIV	VING IN YOUR HOME								
FULL LEGAL NAME	RELATIONSHIP TO JUVENILE								
FULL LEGAL NAME	RELATIONSHIP TO JUVENILE								
ANOTHER ADDITE THEFRETTED IN THE	THIRNITE (EMEDICANCY INFORMATION)								
ANOTHER ADULT INTERESTED IN THE JUVENILE (EMERGENCY INFORMATION)									
FULL LEGAL NAME	RELATIONSHIP TO JUVENILE								
ADDRESS	PHONE NUMBER(S)								
HOME INF	CORMATION								
OWN HOME RENT HOME	NAME OF LANDLORD								
TYPE OF RESIDENCE: HOUSE APARTMENT TRAILER	OTHER								
LENGTH OF TIME LIVED IN LEELANAU COUNTY ANY FORMER A	DDRESSES (LAST 5 YEARS):								
RELIGION	(OPTIONAL)								
CHURCH PREFERENCE FAMILY ATTEND TOGETHER YES NO	ATTEND: REGULARLY OCCASTIONALLY NEVER								
OTHER AGENCIES INVO	LVED WITH THE FAMILY								
PLEASE SPECIFY THE AGENCY, THE SERVI									
(Possible Agencies: Catholic Human Services, Community I Services, Munson Drug & Alcohol Treatment Program, Ch	Mental Health, Pine Rest, Department Of Health And Human ild & Family Services, Individual/Private Counseling,								
Families First, Court Personnel (Probation Officers (Or Prevention / Diversion Program, School Counselors)								
AGENCY SERVICE PROVIDED	WORKER'S NAME								
AGENCY SERVICE PROVIDED	WORKER'S NAME								
AGENCY SERVICE PROVIDED	WORKER'S NAME								
AGENCI SERVICE PROVIDED	WORKER'S NAME								
AGENCY SERVICE PROVIDED	WORKER'S NAME								
JUVENILE'S HEALTH	HISTORY INFORMATION								
HEIGHT WEIGHT EYE COLOR HAIR COLOR HAIR LENGT.	H COMPLEXION GLASSES BUILD								
HEALTH GOOD FAIR POOR VISION IMPAIRED	SPEECH IMPAIRED HEARING IMPAIRED								
BIRTH MARKS / DISTINGUISHING MARKS	PHYSICAL ACTIVITY RESTRICTIONS								
EMOTIONALLY IMPAIRED	LEARNING DISABLED								
DOCTOD ACCIDENTS / LOCDITUM INTONS	MEDICATIONS / DDESCRIPTIONS								
DOCTOR ACCIDENTS / HOSPITALIZATIONS	MEDICATIONS/PRESCRIPTIONS								

AGE BEGAN WALKING

NORMAL BIRTH HISTORY

OR BIRTH DIFFICULTIES

AGE BEGAN TALKING

ADDITIONAL INFORMATION ON JUVENILE

PLEASE NOTE ANY RECENT PERSONALITY OF	R BEHAVIORIAL CHANGES
ATTITUDE OF JUVENILE	FAMILY'S METHOD OF DISCIPLINE
JUVENILE'S EMPLOYMENT HISTORY WHERE	HIRE DATE

JUVENILE'S SCHOOL INFORMATION

SCHOOL 1	SCHOOL NAME OR ON LINE SCHOOL INFORMATION GRADE LEVEL GRADE POINT AVERAGE								
PRINCIPA	AL'S NAME			COUNSELOR	C'S NAME				
ACADEMIC	C PERFORMANCE								
HOUR	CLASS		GRADE	HOUR	CLASS		GRADE		
(EX:	TARDIES - UNEXCUS	ED ABSENCES. TRUANCY	PROBLEMS A		ONS, AFTER SCHOOL DETEN	ITTON. SATURDAY	SCHOOL)		
(211)	TIMBIDO, ONDITORE	as instances, incliner,	, 5051211516116	, 21112001	one, million senser bellin	,	5011002)		
WHAT IS	/WAS THE ISSUE	HOW FREQUENT	WI	ΗΥ					
WHAT IS,	WAS THE ISSUE	HOW FREQUENT	WI	ΗΥ					
ыпуш те	/WAS THE ISSUE	HOW FREQUENT	W	HY					
MILL IS	MAD THE ISSUE	HOW PREQUENT	MI	••					
SCHOOL 2	ACTIVITIES								
SCHOOL A	ACTIVITIES								
PREVIOUS	S ACADEMIC PERFOR	MANCE							
TNDTVTDI	JAL EDUCATION PLA	N (EAD)		DESCRIBE					
	LDOGITION FUR	\							